

# UNITED STATES DISTRICT COURT

for the

Eastern District of North Carolina



Eastern Division

Phillip K. Doughtie

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Sara Lee Frozen Bakery, LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR VIOLATION OF FAIR LABOR STANDARDS

### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Phillip K. Doughtie
Street Address	
City and County	Falkland, Pitt County
State and Zip Code	North Carolina, 27827
Telephone Number	
E-mail Address	

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name Sara Lee Frozen Bakery, LLC

Job or Title *(if known)*

Street Address 1 Tower Ln., Suite 600

City and County Oakbrook Terrace, DuPage County

State and Zip Code Illinois 60181

Telephone Number 252-641-2200

E-mail Address *(if known)*

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

**C. Place of Employment**

The address at which I am employed or was employed by the defendant(s) is

Name	Sara Lee Frozen Bakery, LLC
Street Address	110 Sara Lee Road
City and County	Tarboro
State and Zip Code	North Carolina 27886
Telephone Number	252-641-2200

**II. Basis for Jurisdiction**

This action is brought pursuant to *(check all that apply)*:

- ☒ Fair Labor Standards Act, as codified, 29 U.S.C. §§ 201 to 209.  
☒ Relevant state law  
☐ Relevant city or county law

**III. Statement of Claim**

State as briefly as possible the facts of your case. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

**A. Nature of employer's business:**

Defendant is engaged in the business of production and marketing of frozen baked goods.

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**B. Dates of employment:**

Plaintiff became employed by Defendant in or about July 2018. On January 23, 2020, Plaintiff's employment was involuntarily terminated.

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**C. Employee's job title and a description of the kind of work done:**

Plaintiff's job title was Plant IT Support. In this role, Plaintiff was responsible for the ongoing technical support, system utilization and minor improvements of the plant-based IT system.

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**D. Rate, method, and frequency of wage payment:**

Plaintiff was paid a salary of \$70,000 per year, paid on a bi-weekly basis. Plaintiff was also eligible for bonus compensation.

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E. Number of hours actually worked each week in which a violation is claimed:

There is a bona fide dispute between the parties as to the number of hours Plaintiff worked each week in which a violation is claim. The parties have reached a settlement agreement in compromise on the number of hours worked each week in which a violation is claimed. The settlement is contingent upon this Court's approval. The parties will be filing a joint motion for approval of the settlement.

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F. Description of the alleged violation(s) *(check all that apply)*:

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Failure to pay the minimum wage *(explain)*

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Failure to pay required overtime *(explain)*

Plaintiff alleges that he is entitled to unpaid wages from Defendant for working more than forty hours in a week and not being paid overtime compensation for that work.

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Other violation(s) *(explain)*

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G. Date(s) of the alleged violation(s):

The alleged violations occurred between July 2018 and January 23, 2020.

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H. Additional facts:

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#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiff seeks court approval of a settlement entered into with Defendant as a compromise of a bona fide dispute regarding the amount of overtime owed to Plaintiff under the Fair Labor Standards Act and North Carolina's Wage and Hour Act.

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8-11-20

Signature of Plaintiff

Printed Name of Plaintiff Phillip K. Doughtie

##### B. For Attorneys

Date of signing: 8-24-2020

Signature of Attorney

Printed Name of Attorney Raymond E. Dunn, Jr.

Bar Number 8739

Name of Law Firm	Dunn, Pittman, Skinner, PLLC
Street Address	3230 Country Club Rd., New Bern
State and Zip Code	North Carolina 28562
Telephone Number	252-649-0197
E-mail Address	rdunn@dunnpittman.com